

CardioChek® Quality Control and Optics Log - Single Analyzer

- CardioChek Analyzer/CardioChek PA Analyzer
- CardioChek Plus Analyzer (version 1.08 and below)

Account Name/Location:	
Serial #:	
PTS Panels® Test Strips	
Test Strip/MEMO Chip®	Lot #:
Multi-Chemistry Control	Lot #:
HDL Cholesterol Control	Lot #:

Result Range	Level 1	Level 2
Total Cholesterol		
Triglycerides		
GLU/eGLU		
HDL Cholesterol*		

*For CardioChek, CardioChek PA, and CardioChek Plus (version 1.08 and below), HDL Cholesterol requires a separate HDL cholesterol control

Date	Initial	Optics	Level 1				Level 2				Repeat			
		Pass/Fail	CHOL	TRG	GLU	HDL	CHOL	TRG	GLU	HDL	CHOL	TRG	GLU	HDL
1		<input type="checkbox"/> P / <input type="checkbox"/> F												
2		<input type="checkbox"/> P / <input type="checkbox"/> F												
3		<input type="checkbox"/> P / <input type="checkbox"/> F												
4		<input type="checkbox"/> P / <input type="checkbox"/> F												
5		<input type="checkbox"/> P / <input type="checkbox"/> F												
6		<input type="checkbox"/> P / <input type="checkbox"/> F												
7		<input type="checkbox"/> P / <input type="checkbox"/> F												
8		<input type="checkbox"/> P / <input type="checkbox"/> F												
9		<input type="checkbox"/> P / <input type="checkbox"/> F												
10		<input type="checkbox"/> P / <input type="checkbox"/> F												
11		<input type="checkbox"/> P / <input type="checkbox"/> F												
12		<input type="checkbox"/> P / <input type="checkbox"/> F												
13		<input type="checkbox"/> P / <input type="checkbox"/> F												
14		<input type="checkbox"/> P / <input type="checkbox"/> F												
15		<input type="checkbox"/> P / <input type="checkbox"/> F												
16		<input type="checkbox"/> P / <input type="checkbox"/> F												
17		<input type="checkbox"/> P / <input type="checkbox"/> F												
18		<input type="checkbox"/> P / <input type="checkbox"/> F												
19		<input type="checkbox"/> P / <input type="checkbox"/> F												
20		<input type="checkbox"/> P / <input type="checkbox"/> F												
21		<input type="checkbox"/> P / <input type="checkbox"/> F												
22		<input type="checkbox"/> P / <input type="checkbox"/> F												
23		<input type="checkbox"/> P / <input type="checkbox"/> F												
24		<input type="checkbox"/> P / <input type="checkbox"/> F												
25		<input type="checkbox"/> P / <input type="checkbox"/> F												

